



Illinois Department Of Labor
 Fair Labor Standards Division
 160 North LaSalle Street, Ste 1300
 Chicago, Illinois 60601
 312-793-1630
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 http://labor.illinois.gov/

ONE DAY REST IN SEVEN COMPLAINT FORM

Business Information

Name of Establishment				Owner/Contact Name	
Street Address				Department	
City	State	ZIP Code	County	Business Telephone Number	
Type of Industry			Number of Employees		
Email			Website		

Complainant Information

Name of Complainant					
Street Address				City	State
ZIP Code	County	Daytime Telephone Number		Email	
Job Classification			Date of Hire	Last Day Worked	
Is the Complainant covered by a Collective Bargaining Agreement?			Did you sign an employment or contract agreement?		
Is the company still open?			Did you perform the work in Illinois?		
Date/Time Period of the alleged violation					
		FROM		TO	

Complaint Description

BY ACCEPTING AND SUBMITTING THIS FORM, THE COMPLAINANT AFFIRMS AND CERTIFIES THAT ALL INFORMATION PROVIDED AND THE STATEMENTS MADE HERIN ARE TRUE, CORRECT, AND COMPLETE.

Signature Date

OFFICAL USE	File	CO
	Type	Date Received